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TO: Commissioner for Patents
Alexandria, VA 22313-1450

ATTENTION: Examiner: Baxter, Jessica R, Group Art Unit: 3731

FAX-NO.: (703) 872-9306

FROM: Ursula B. Day, Reg. No.: 47,296

APPL. NO. 09/935,869

FILED: August 23, 2001

DOCKET NO: ARUMI

TYPE OF PAPER: RESPONSE TO OFFICIAL ACTION, dated May 14, 2004

DATE: August 16, 2004

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Docket No.: ARUMI

In re Request for Continued Examination)
in PATENT Application of:)
)
JOSE GARCIA ARUMI ET AL) Examiner: Jessica R. Baxter
)
Appl. No.: 09/935,869) Group Art Unit: 3731
)
Filed: August 23, 2001)
)
For: MICRO SURGICAL INSTRUMENT)

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**RESPONSE TO OFFICE ACTION
Dated May 14, 2004**

MAIL STOP/FEE AMENDMENTS
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

This communication is in response to the Official Action of May 14, 2004 having a shortened period for response expiring August 14, 2004. Since the expiration day fell on a Saturday, a response on the next business day, which is August 16, 2004, is proper.

The Commissioner is hereby also authorized to charge any fees which may be required during the pendency of this application, including any patent application processing fees under 37 C.F.R. 1.17, and any filing fees under

Docket No.: ARUMI
Serial No.: 09/935,869

37 C.F.R. 1.16, including presentation of extra claims, or credit any overpayment to Deposit Account No: 06-0502.

- Accompanying this amendment is the appropriate fee of \$ pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a).
- The Commissioner is hereby authorized to charge the appropriate fee of \$86.00 pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a) for one additional independent claim and any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-0502.
- The Commissioner is hereby also authorized to charge any fees which may be required during the pendency of this application, including any patent application processing fees under 37 C.F.R. 1.17, and any filing fees under 37 C.F.R. 1.16, including presentation of extra claims, or credit any overpayment to Deposit Account No: 06-0502.

Please amend the above-entitled application as follows: